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By: Rick Comoglio

USPTO Reg, No.: 40,963



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Attn:	Mail Stop Amendment	Pages:	3 (Including Cover Page)				
Fax:	703-872-9306	Date:	MARCH 8, 2005				
Re:	Power of Attorney and Statement under 37 CFF 3.73(b) for Patent Application No.: 10/646,220						
□ Ur	gent	☐ Please C	Comment				
Mess	age:						
Please accept the attached Power of Attorney and Statement under 37 CFR 3.73(b) for Patent Application No. 10/646,220.							
Attorney Docket No.: 07085-1-006000							
Rega	rds,						
Lott	& Friedland, P.A.						

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a volid OMB control number. STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: GMP Surgical Solutions, Inc. Application No /Patent No.: 10/646,220 __ Filed/Issue Date: 08/22/2003 Entitled: LIGHT COUPLING ASSEMBLY GMP Surgical Solutions, Inc. Corporation (Namo of Assignee) (Typo of Assignee, e.g., corporation, partnership, university, government agency, etc.) states that it is: 1. the assignee of the entire right, title, and interest; or 2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is____ in the patent application/patent identified above by virtue of either A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel n14222 , Frame 0270 _, or for which a copy thereof is attached. B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown 1. From: To: The document was recorded in the United States Patent and Trademark Office at Reel _ Frame _, or for which a copy thereof is attached. 2. From: To The document was recorded in the United States Patent and Trademark Office at Reel . Frame _, or for which a copy thereof is attached. 3. From: To: The document was recorded in the United States Patent and Trademark Office at Reel _, Frame _ or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302 08] The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. Signature Date Jeffrey L. Raney 954-745-3510 Printed or Typed Name Telephone Number

9545243441

Secretary, GMP Surgical Solutions, Inc.

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS FO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/646,220
Filing Date	08/22/2003
First Named Inventor	Solovay et al.
Title	Light Coupling Assembly
Art Unit	Not Yet Assigned
Exeminer Name	Not Yet Assigned
Attorney Docket Number	07085-1-006000

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Customer Number:	35996						
OR							
Practitioner(s) named below:							
Name	Registi	ration Number					
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I am the:							
Applicant/Inventor.							
Assignce of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	7	Date 3/V/ODIT					
Name Joilley Haney		Telephone 954-745-3510					
Title and Company Shopfiary, GMP Surgical Solutions, Inc.							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total oftorms are submitted.							

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